

EXHIBIT 1



Janet, Jenner & Suggs, LLC

ATTORNEYS AT LAW

Howard A. Janet, P.C.* | Kenneth M. Suggs* | Robert K. Jenner, P.C.* ±
Dov Apfel* ± | Stephen C. Offutt* ± ± | Giles H. Manley, M.D., J.D.* | Gerald D. Jowers, Jr.* | Brian D. Ketterer Δ

Sharon R. Guzejko* | Kimberly A. Dougherty Δ | Francis M. Hinson, IV* | Hal J. Kleinman Δ ± | Tara J. Posner* ± † | Elisha N. Hawk* ± ±
Justin A. Browne* | Joyce E. Jones* | Jessica H. Meeder* ± | Leah K. Barron* | Lindsey M. Craig* | Jason B. Penn* ±
Seth L. Cardeli \$ ± | Samuel M. Collings* ± | William F. Burnham*

OF COUNSEL

John C. Hensley, Jr.* | Steven J. German \$ ± ± | Joel M. Rubenstein \$ ± | Thomas G. Wilson † ±

BAR MEMBERSHIPS

* Maryland | * South Carolina | Δ Massachusetts | ± District of Columbia | ± Minnesota | Δ Pennsylvania
‡ Illinois | † Florida | * North Carolina | \$ New York | * New Jersey | * West Virginia | * California

September 3, 2013

CERTIFIED MAIL, RETURN RECEIPT REQUESTED

Kenneth R. Lister, M.D.
2761 Sullins Street
Knoxville, TN 37919

Re: Wilma S. Carter and Lawrence Carter
Notice of health care liability claim required by
Tennessee Code Annotated § 29-26-121

To Kenneth R. Lister:

We are the attorneys representing Wilma S. Carter and Lawrence Carter.

Through their attorneys, Wilma S. Carter and Lawrence Carter are asserting a claim for health care liability against Specialty Surgery Center, PLLC, Crossville, Tennessee, and Kenneth R. Lister, M.D., including their agents, employees, physicians, nurses and pharmacists. This potential claim arises out of care, medicines and services provided by you, your employees and/or agents of Specialty Surgery Center, PLLC to Wilma S. Carter from January 2012 through September 2012.

The full name and date of birth of the patient whose treatment is at issue:

Wilma S. Carter
Date of Birth: August 23, 1952

The name and address of the claimant authorizing this notice:

MASSACHUSETTS OFFICE

Kimberly A. Dougherty, Managing Attorney

31 St. James Avenue, Suite 365 | Boston, Massachusetts 02116
617-933-1265 | Fax 410-653-6903 | 1-877-692-3862 | 1-877-MY-ADVOCATES
info@MyAdvocates.com | MyAdvocates.com

Maryland | South Carolina | Massachusetts | New York | North Carolina | Washington, D.C. | West Virginia

Janet, Jenner & Suggs, LLC
ATTORNEYS AT LAW

Wilma S. Carter and Lawrence Carter
1591 Sawmill Road
Crossville, TN 38555

The name and address of the attorney sending this notice:

Kimberly A. Dougherty
Janet, Jenner & Suggs, LLC
31 St. James Avenue, Suite 365
Boston, Massachusetts 02116

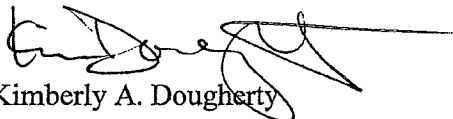
Attached hereto is a list of all healthcare providers to whom notice is being given pursuant to Tennessee Code Annotated § 29-26-121(a)(2)(D).

Pursuant to Tennessee Code Annotated § 29-26-121 (a)(2)(E), I also enclose a HIPPA compliant medical authorization permitting you to obtain complete medical records on Wilma S. Carter from each provider being sent a notice. If any of those providers do not accept this authorization for any reason, please contact us and we will arrange to execute an authorization acceptable to them that will permit you to obtain complete medical records on Wilma S. Carter.

Neither this notice nor the medical authorization waives the common law physician patient privilege concerning that care and treatment of Wilma S. Carter by any doctor who provided medical services for Wilma S. Carter. We expect that you will not communicate with any person other than your attorney about any doctor's care and treatment of Wilma S. Carter.

We believe this letter complies with the letter and spirit of Tennessee Code Annotated § 29-26-121. If you believe it is deficient in any way, please let us know and any defect will be promptly cured. If we do not hear from you we will assume that you agree the letter complies with the law.

Very truly yours,



Kimberly A. Dougherty

Enclosures

cc: Wilma S. Carter and Lawrence Carter (*via first-class mail*)
CJ Gideon (*via electronic mail*)

MASSACHUSETTS OFFICE:
Kimberly A. Dougherty, Managing Attorney

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The following is a list of all providers to whom notice is being given pursuant to Tennessee Code Annotated § 29-26-121 (a)(2)(D):

Specialty Surgery Center, PLLC
Donathan M. Ivey Registered Agent for Service of Process:
116 Brown Avenue
Crossville, TN 38555-7703

Kenneth R. Lister, M.D.
116 Brown Avenue
Crossville, TN 38555

Kenneth R. Lister, M.D.
2761 Sullins Street
Knoxville, TN 37919

HIPAA RELEASE GENERAL AUTHORIZATIONREQUEST TO: _____

_____I HEREBY AUTHORIZE _____ to release the
information specified below for the date(s): _____ through _____.THE INFORMATION REQUESTED IS FOR **LITIGATION PURPOSES** AND IS TO
BE RELEASED TO:**Robert K. Jenner
Janet, Jenner & Suggs, LLC
Commerce Center
1777 Reisterstown Rd, Suite 165
Baltimore, MD 21208****Rosie Oldham, RN, BS, LNCC
R&G Medical Legal Solutions, LLC
PO Box 5339
Peoria, AZ 85385-5339****INFORMATION TO BE RELEASED**

_____ Municipal, Governmental, Fire or Police Records	_____ Inpatient Date _____	<u>X</u> X-rays (digital)
_____ Federal or State Tax information or records	_____ Outpatient Date _____	<u>X</u> X-ray reports
	<u>X</u> Emergency Room records	<u>X</u> ENTIRE RECORD
	_____ Face Sheet	<u>X</u> Billing Records
		Steroid Injection
_____ Wage, income or earning records or reports	<u>X</u> History & Physical	<u>X</u> Information [e.g., manufacturer, Lot #]
	<u>X</u> Discharge summary	<u>X</u> Color copies of any photographs
<u>X</u> Laboratory reports	<u>X</u> Consultation reports	Test Results [e.g., Spinal
<u>X</u> Report and/or records from physician, therapist	<u>X</u> Surgery & Pathology reports	<u>X</u> Tap]
	_____ MRIs (digital)	

I understand the requested medical records may include information relating to: **alcohol and/or drug abuse, psychiatric treatment, HIV/Aids testing or treatment, sexually transmitted disease, and/or communicable or noncommunicable disease information.** Such information is covered by Federal Confidentiality Regulation [42CFR, Part 2] and can't be

disclosed without my written consent. I also expressly acknowledge note of this under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Regulation [45 CFR, § 164.512(e)(1)(ii)]. I understand that the information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by Federal Law. My signature on this form authorizes the release of this information as well as all other requested information in the records.

I understand that I may refuse to sign this authorization and refusal to sign will not affect my ability to obtain treatment, enroll in any health plan or payment/benefit eligibility.

I understand that I may revoke this authorization in writing at any time except for information which may have been disclosed by the above named provider prior to the receipt of such revocation. This authorization is valid for three (3) years. The above named provider should respond to this request, or subsequent requests for information from JANET, JENNER & SUGGS, LLC, R&G Medical Legal Solutions, LLC, or their representatives, at any time unless the above named health care provider receives a written revocation from me.

THIS AUTHORIZATION does allow the named healthcare provider to discuss my health information, history of care or condition with, or be interviewed by, members of the law firm of JANET, JENNER & SUGGS, LLC, and/or R&G Medical Legal Solutions, LLC.

A photocopy of this authorization is to be considered as valid as the original.

Dated: _____	Signature: _____
SSN: _____	Printed Name: _____
DOB: _____	Address: _____



Janet, Jenner & Suggs, LLC

ATTORNEYS AT LAW

Howard A. Janet, P.C.* | Kenneth M. Suggs* | Robert K. Jenner, P.C.* ±
Dov Apfel* ± | Stephen C. Offutt* ± ± | Giles H. Manley, M.D., J.D.* | Gerald D. Jowers, Jr.* | Brian D. Ketterer Δ

Sharon R. Guzejko* | Kimberly A. Dougherty Δ | Francis M. Hinson, IV* | Hal J. Kleinman Δ ± | Tara J. Posner* ± † | Elisha N. Hawk* ± ±
Justin A. Browne* | Joyce E. Jones* | Jessica H. Meeder* ± | Leah K. Barron* | Lindsey M. Craig* | Jason B. Penn* ±
Seth L. Cardeli \$ ± | Samuel M. Collings* ± | William F. Burnham*

OF COUNSEL

John C. Hensley, Jr.* | Steven J. German \$ ± ± | Joel M. Rubenstein \$ ± | Thomas G. Wilson † ±

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September 3, 2013

CERTIFIED MAIL, RETURN RECEIPT REQUESTED

Kenneth R. Lister, M.D.
116 Brown Avenue
Crossville, TN 38555-7703

Re: Wilma S. Carter and Lawrence Carter
Notice of health care liability claim required by
Tennessee Code Annotated § 29-26-121

To Kenneth R. Lister:

We are the attorneys representing Wilma S. Carter and Lawrence Carter.

Through their attorneys, Wilma S. Carter and Lawrence Carter are asserting a claim for health care liability against Specialty Surgery Center, PLLC, Crossville, Tennessee, and Kenneth R. Lister, M.D., including their agents, employees, physicians, nurses and pharmacists. This potential claim arises out of care, medicines and services provided by you, your employees and/or agents of Specialty Surgery Center, PLLC to Wilma S. Carter from January 2012 through September 2012.

The full name and date of birth of the patient whose treatment is at issue:

Wilma S. Carter
Date of Birth: August 23, 1952

The name and address of the claimant authorizing this notice:

MASSACHUSETTS OFFICE

Kimberly A. Dougherty, Managing Attorney

31 St. James Avenue, Suite 365 | Boston, Massachusetts 02116
617-933-1265 | Fax 410-653-6903 | 1-877-692-3862 | 1-877-MY-ADVOCATES
info@MyAdvocates.com | MyAdvocates.com

Maryland | South Carolina | Massachusetts | New York | North Carolina | Washington, D.C. | West Virginia

Janet, Jenner & Suggs, LLC

ATTORNEYS AT LAW

Wilma S. Carter and Lawrence Carter
1591 Sawmill Road
Crossville, TN 38555

The name and address of the attorney sending this notice:

Kimberly A. Dougherty
Janet, Jenner & Suggs, LLC
31 St. James Avenue, Suite 365
Boston, Massachusetts 02116

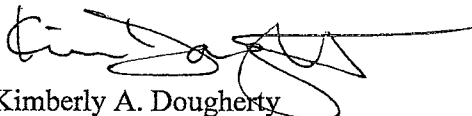
Attached hereto is a list of all healthcare providers to whom notice is being given pursuant to Tennessee Code Annotated § 29-26-121(a)(2)(D).

Pursuant to Tennessee Code Annotated § 29-26-121 (a)(2)(E), I also enclose a HIPPA compliant medical authorization permitting you to obtain complete medical records on Wilma S. Carter from each provider being sent a notice. If any of those providers do not accept this authorization for any reason, please contact us and we will arrange to execute an authorization acceptable to them that will permit you to obtain complete medical records on Wilma S. Carter.

Neither this notice nor the medical authorization waives the common law physician patient privilege concerning that care and treatment of Wilma S. Carter by any doctor who provided medical services for Wilma S. Carter. We expect that you will not communicate with any person other than your attorney about any doctor's care and treatment of Wilma S. Carter.

We believe this letter complies with the letter and spirit of Tennessee Code Annotated § 29-26-121. If you believe it is deficient in any way, please let us know and any defect will be promptly cured. If we do not hear from you we will assume that you agree the letter complies with the law.

Very truly yours,



Kimberly A. Dougherty

Enclosures

cc: Wilma S. Carter and Lawrence Carter (*via first-class mail*)
CJ Gideon (*via electronic mail*)

MASSACHUSETTS OFFICE

Kimberly A. Dougherty, Managing Attorney

31 St. James Avenue, Suite 365 | Boston, Massachusetts 02116

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The following is a list of all providers to whom notice is being given pursuant to Tennessee Code Annotated § 29-26-121 (a)(2)(D):

Specialty Surgery Center, PLLC
Donathan M. Ivey Registered Agent for Service of Process:
116 Brown Avenue
Crossville, TN 38555-7703

Kenneth R. Lister, M.D.
116 Brown Avenue
Crossville, TN 38555

Kenneth R. Lister, M.D.
2761 Sullins Street
Knoxville, TN 37919

HIPAA RELEASE GENERAL AUTHORIZATIONREQUEST TO: _____

_____I HEREBY AUTHORIZE _____ to release the
information specified below for the date(s): _____ through _____.THE INFORMATION REQUESTED IS FOR **LITIGATION PURPOSES** AND IS TO
BE RELEASED TO:**Robert K. Jenner
Janet, Jenner & Suggs, LLC
Commerce Center
1777 Reisterstown Rd, Suite 165
Baltimore, MD 21208****Rosie Oldham, RN, BS, LNCC
R&G Medical Legal Solutions, LLC
PO Box 5339
Peoria, AZ 85385-5339****INFORMATION TO BE RELEASED**

<input type="checkbox"/> Municipal, Governmental, Fire or Police Records	<input type="checkbox"/> Inpatient Date _____	<input checked="" type="checkbox"/> X-rays (digital)
	<input type="checkbox"/> Outpatient Date _____	<input checked="" type="checkbox"/> X-ray reports
<input type="checkbox"/> Federal or State Tax information or records	<input checked="" type="checkbox"/> X Emergency Room records	<input checked="" type="checkbox"/> ENTIRE RECORD
	<input type="checkbox"/> Face Sheet	<input checked="" type="checkbox"/> Billing Records
		Steroid Injection
<input type="checkbox"/> Wage, income or earning records or reports	<input checked="" type="checkbox"/> X History & Physical	<input checked="" type="checkbox"/> Information [e.g., manufacturer, Lot #]
	<input checked="" type="checkbox"/> X Discharge summary	<input checked="" type="checkbox"/> Color copies of any photographs
<input checked="" type="checkbox"/> X Laboratory reports	<input checked="" type="checkbox"/> X Consultation reports	Test Results [e.g., Spinal
		Tap]
<input checked="" type="checkbox"/> X Report and/or records from physician, therapist	<input checked="" type="checkbox"/> X Surgery & Pathology reports	<input checked="" type="checkbox"/> X
	<input type="checkbox"/> MRIs (digital)	

I understand the requested medical records may include information relating to: **alcohol and/or drug abuse, psychiatric treatment, HIV/Aids testing or treatment, sexually transmitted disease, and/or communicable or noncommunicable disease information.** Such information is covered by Federal Confidentiality Regulation [42CFR, Part 2] and can't be

disclosed without my written consent. I also expressly acknowledge note of this under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Regulation [45 CFR, § 164.512(e)(1)(ii)]. I understand that the information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by Federal Law. My signature on this form authorizes the release of this information as well as all other requested information in the records.

I understand that I may refuse to sign this authorization and refusal to sign will not affect my ability to obtain treatment, enroll in any health plan or payment/benefit eligibility.

I understand that I may revoke this authorization in writing at any time except for information which may have been disclosed by the above named provider prior to the receipt of such revocation. This authorization is valid for three (3) years. The above named provider should respond to this request, or subsequent requests for information from JANET, JENNER & SUGGS, LLC, R&G Medical Legal Solutions, LLC, or their representatives, at any time unless the above named health care provider receives a written revocation from me.

THIS AUTHORIZATION does allow the named healthcare provider to discuss my health information, history of care or condition with, or be interviewed by, members of the law firm of JANET, JENNER & SUGGS, LLC, and/or R&G Medical Legal Solutions, LLC.

A photocopy of this authorization is to be considered as valid as the original.

Dated: _____	Signature: _____
SSN: _____	Printed Name: _____
DOB: _____	Address: _____



Janet, Jenner & Suggs, LLC

ATTORNEYS AT LAW

Howard A. Janet, P.C.* | Kenneth M. Suggs* | Robert K. Jenner, P.C.* ±
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John C. Hensley, Jr.* | Steven J. German \$* ± | Joel M. Rubenstein \$* | Thomas G. Wilson # † ±

BAR MEMBERSHIPS

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December 5, 2013

CERTIFIED MAIL, RETURN RECEIPT REQUESTED
CERTIFICATE OF MAILING

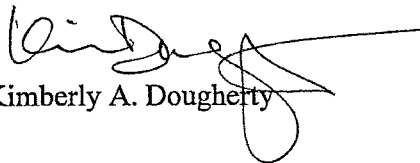
Kenneth Lister, M.D.
2761 Sullins Street
Knoxville, TN 37919

Re: Wilma S. Carter and Lawrence Carter
HIPAA Compliant Authorization

To Kenneth Lister, M.D.:

Enclosed please find an amended HIPAA compliant authorization and Notice of Claim.

Very truly yours,



Kimberly A. Dougherty

Enclosure

MASSACHUSETTS OFFICE

Kimberly A. Dougherty, Managing Attorney

31 St. James Avenue, Suite 365 | Boston, Massachusetts 02116

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December 5, 2013

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The full name and date of birth of the patient whose treatment is at issue:

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MASSACHUSETTS OFFICE

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Janet, Jenner & Suggs, LLC

ATTORNEYS AT LAW

The name and address of the claimant authorizing this notice:

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1591 Sawmill Road
Crossville, TN 38555

The name and address of the attorney sending this notice:

Kimberly A. Dougherty
Janet, Jenner & Suggs, LLC
31 St. James Avenue, Suite 365
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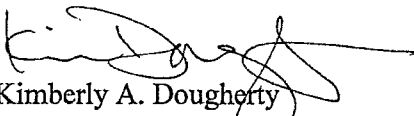
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Kimberly A. Dougherty

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cc: Wilma S. Carter and Lawrence Carter (*via first-class mail*)
C.J. Gideon (*via electronic mail*)

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information specified below for the date(s): _____ through _____.THE INFORMATION REQUESTED IS FOR LITIGATION PURPOSES AND IS TO
BE RELEASED TO:**INFORMATION TO BE RELEASED**

_____ Municipal, Governmental, Fire or Police Records	_____ Inpatient Date _____	<u>X</u> X-rays (digital)
_____ Federal or State Tax information or records	_____ Outpatient Date _____	<u>X</u> X-ray reports
	<u>X</u> Emergency Room records	<u>X</u> ENTIRE RECORD
	_____ Face Sheet	<u>X</u> Billing Records
		Steroid Injection
_____ Wage, income or earning records or reports	<u>X</u> History & Physical	<u>X</u> Information [e.g., manufacturer, Lot #]
	<u>X</u> Discharge summary	<u>X</u> Color copies of any photographs
<u>X</u> Laboratory reports	<u>X</u> Consultation reports	Test Results [e.g., Spinal Tap]
<u>X</u> Report and/or records from physician, therapist	<u>X</u> Surgery & Pathology reports	
	_____ MRIs (digital)	

I understand the requested medical records may include information relating to: **alcohol and/or drug abuse, psychiatric treatment, HIV/Aids testing or treatment, sexually transmitted disease, and/or communicable or noncommunicable disease information.** Such information is covered by Federal Confidentiality Regulation [42CFR, Part 2] and can't be

disclosed without my written consent. I also expressly acknowledge notice of this request under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Regulation [45 CFR, § 164.512(e)(1)(ii)]. I understand that the information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by Federal Law. My signature on this form authorizes the release of this information as well as all other requested information in the records.

I understand that I may refuse to sign this authorization and refusal to sign will not affect my ability to obtain treatment, enroll in any health plan or payment/benefit eligibility.

I understand that I may revoke this authorization in writing at any time except for information which may have been disclosed by the above named provider prior to the receipt of such revocation. This authorization is valid for three (3) years. The above named provider should respond to this request, or subsequent requests for information from _____ or their representatives, at any time unless the above named health care provider receives a written revocation from me.

THIS AUTHORIZATION does allow the named healthcare provider to discuss my health information, history of care or condition with, or be interviewed by, members of _____

A photocopy of this authorization is to be considered as valid as the original.

Dated: <u>1-27-13</u>	Signature: <u>Wilma Carter</u>
SSN: <u>408-94-9986</u>	Printed Name: <u>Wilma Carter</u>
DOB: <u>8-23-1952</u>	Address: <u>1591 Squawmill Rd.</u>
	<u>Crossville Tenn</u>
	<u>38555</u>



Janet, Jenner & Suggs, LLC

ATTORNEYS AT LAW

Howard A. Janet, P.C.* | Kenneth M. Suggs* | Robert K. Jenner, P.C.* ±
Dov Apfel* ± | Stephen C. Offutt* ± ± | Giles H. Manley, M.D., J.D.* | Gerald D. Jowers, Jr.* | Brian D. Ketterer Δ

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OF COUNSEL

John C. Hensley, Jr.* | Steven J. German \$* ± | Joel M. Rubenstein \$* | Thomas G. Wilson* † ±

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December 5, 2013

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CERTIFICATE OF MAILING

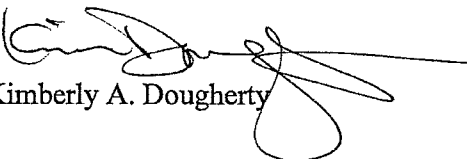
Kenneth Lister, M.D.
116 Brown Avenue
Crossville, TN 38555-7703

Re: Wilma S. Carter and Lawrence Carter
HIPAA Compliant Authorization

To Kenneth Lister, M.D.:

Enclosed please find an amended HIPAA compliant authorization and Notice of Claim.

Very truly yours,


Kimberly A. Dougherty

Enclosure

MASSACHUSETTS OFFICE:

Kimberly A. Dougherty, Managing Attorney

31 St. James Avenue, Suite 365 | Boston, Massachusetts 02116
617-933-1265 | Fax 410-653-6903 | 1-877-692-3862 | 1-877-MY-ADVOCATES
info@MyAdvocates.com | MyAdvocates.com

Maryland | South Carolina | Massachusetts | New York | North Carolina | Washington, D.C. | West Virginia



Janet, Jenner & Suggs, LLC

ATTORNEYS AT LAW

Howard A. Janet, P.C.* | Kenneth M. Suggs* | Robert K. Jenner, P.C.* ±
Dov Apfel* ± | Stephen C. Offutt* ± ± | Giles H. Manley, M.D., J.D.* | Gerald D. Jowers, Jr.* | Brian D. Ketterer Δ

Sharon R. Guzejko* | Kimberly A. Dougherty ◊ | Francis M. Hinson, IV* | Hal J. Kleinman Δ ± | Tara J. Posner* ± † | Elisha N. Hawk* ± ±
Justin A. Browne* | Joyce E. Jones* | Jessica H. Meeder* ± | Leah K. Barron* | Lindsey M. Craig* | Jason B. Penn* ±
Seth L. Cardeli \$ ± | Samuel M. Collings* ± | William F. Burnham*

OF COUNSEL

John C. Hensley, Jr.* | Steven J. German \$ ± ± | Joel M. Rubenstein \$ ± ± | Thomas G. Wilson ± † ±

BAR MEMBERSHIPS

* Maryland | * South Carolina | ◊ Massachusetts | ± District of Columbia | ± Minnesota | Δ Pennsylvania
± Illinois | † Florida | ° North Carolina | \$ New York | ± New Jersey | ■ West Virginia | ♦ California

December 5, 2013

CERTIFIED MAIL, RETURN RECEIPT REQUESTED CERTIFICATE OF MAILING

Kenneth R. Lister, M.D.
116 Brown Avenue
Crossville, TN 38555-7703

Re: Wilma S. Carter and Lawrence Carter
Notice of health care liability claim required by
Tennessee Code Annotated § 29-26-121

To Kenneth R. Lister:

We are the attorneys representing Wilma S. Carter and Lawrence Carter.

Through their attorneys, Wilma S. Carter and Lawrence Carter are asserting a claim for health care liability against Specialty Surgery Center, PLLC, Crossville, Tennessee, and Kenneth R. Lister, M.D., including their agents, employees, physicians, nurses and pharmacists. This potential claim arises out of care, medicines and services provided by you, your employees and/or agents of Specialty Surgery Center, PLLC to Wilma S. Carter from January 2012 through September 2012.

The full name and date of birth of the patient whose treatment is at issue:

Wilma S. Carter
Date of Birth: August 23, 1952

MASSACHUSETTS OFFICE

Kimberly A. Dougherty, Managing Attorney

31 St. James Avenue, Suite 365 | Boston, Massachusetts 02116
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Maryland | South Carolina | Massachusetts | New York | North Carolina | Washington, D.C. | West Virginia

Janet, Jenner & Suggs, LLC

ATTORNEYS AT LAW

The name and address of the claimant authorizing this notice:

Wilma S. Carter and Lawrence Carter
1591 Sawmill Road
Crossville, TN 38555

The name and address of the attorney sending this notice:

Kimberly A. Dougherty
Janet, Jenner & Suggs, LLC
31 St. James Avenue, Suite 365
Boston, Massachusetts 02116

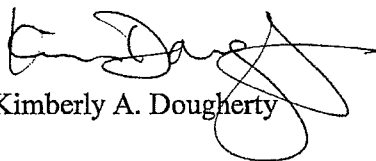
Attached hereto is a list of all healthcare providers to whom notice is being given pursuant to Tennessee Code Annotated § 29-26-121(a)(2)(D).

Pursuant to Tennessee Code Annotated § 29-26-121 (a)(2)(E), I also enclose a HIPPA compliant medical authorization permitting you to obtain complete medical records on Wilma S. Carter from each provider being sent a notice. If any of those providers do not accept this authorization for any reason, please contact us and we will arrange to execute an authorization acceptable to them that will permit you to obtain complete medical records on Wilma S. Carter.

Neither this notice nor the medical authorization waives the common law physician patient privilege concerning that care and treatment of Wilma S. Carter by any doctor who provided medical services for Wilma S. Carter. We expect that you will not communicate with any person other than your attorney about any doctor's care and treatment of Wilma S. Carter.

We believe this letter complies with the letter and spirit of Tennessee Code Annotated § 29-26-121. If you believe it is deficient in any way, please let us know and any defect will be promptly cured. If we do not hear from you we will assume that you agree the letter complies with the law.

Very truly yours,



Kimberly A. Dougherty

Enclosures

cc: Wilma S. Carter and Lawrence Carter (*via first-class mail*)
C.J. Gideon (*via electronic mail*)

MASSACHUSETTS OFFICE

Kimberly A. Dougherty, Managing Attorney

31 St. James Avenue, Suite 365 | Boston, Massachusetts 02116

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Maryland | South Carolina | Massachusetts | New York | North Carolina | Washington, D.C. | West Virginia

The following is a list of all providers to whom notice is being given pursuant to Tennessee Code Annotated § 29-26-121 (a)(2)(D):

Specialty Surgery Center, PLLC
Donathan M. Ivey Registered Agent for Service of Process:
116 Brown Avenue
Crossville, TN 38555-7703

Kenneth Lister, M.D.
116 Brown Avenue
Crossville, TN 38555-7703

Kenneth Lister, M.D.
2761 Sullins Street
Knoxville, TN 37919

HIPAA RELEASE GENERAL AUTHORIZATIONREQUEST TO: _____

_____I HEREBY AUTHORIZE _____ to release the
information specified below for the date(s): _____ through _____.THE INFORMATION REQUESTED IS FOR **LITIGATION PURPOSES** AND IS TO
BE RELEASED TO:**INFORMATION TO BE RELEASED**

_____ Municipal, Governmental, Fire or Police Records	_____ Inpatient Date _____	<u>X</u> X-rays (digital)
_____ Federal or State Tax information or records	_____ Outpatient Date _____	<u>X</u> X-ray reports
	<u>X</u> Emergency Room records	<u>X</u> ENTIRE RECORD
	_____ Face Sheet	<u>X</u> Billing Records
		Steroid Injection
_____ Wage, income or earning records or reports	<u>X</u> History & Physical	<u>X</u> Information [e.g., manufacturer, Lot #]
	<u>X</u> Discharge summary	<u>X</u> Color copies of any photographs
<u>X</u> Laboratory reports	<u>X</u> Consultation reports	Test Results [e.g., Spinal Tap]
<u>X</u> Report and/or records from physician, therapist	<u>X</u> Surgery & Pathology reports	
	_____ MRIs (digital)	

I understand the requested medical records may include information relating to: **alcohol and/or drug abuse, psychiatric treatment, HIV/Aids testing or treatment, sexually transmitted disease, and/or communicable or noncommunicable disease information.** Such information is covered by Federal Confidentiality Regulation [42CFR, Part 2] and can't be

disclosed without my written consent. I also expressly acknowledge notice of this request under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Regulation [45 CFR, § 164.512(e)(1)(ii)]. I understand that the information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by Federal Law. My signature on this form authorizes the release of this information as well as all other requested information in the records.

I understand that I may refuse to sign this authorization and refusal to sign will not affect my ability to obtain treatment, enroll in any health plan or payment/benefit eligibility.

I understand that I may revoke this authorization in writing at any time except for information which may have been disclosed by the above named provider prior to the receipt of such revocation. This authorization is valid for three (3) years. The above named provider should respond to this request, or subsequent requests for information from _____ or their representatives, at any time unless the above named health care provider receives a written revocation from me.

THIS AUTHORIZATION does allow the named healthcare provider to discuss my health information, history of care or condition with, or be interviewed by, members of _____

A photocopy of this authorization is to be considered as valid as the original.

Dated: <u>1-27-13</u>	Signature: <u>Wilma Carter</u>
SSN: <u>408-94-9986</u>	Printed Name: <u>Wilma Carter</u>
DOB: <u>8-23-1952</u>	Address: <u>1591 Sawmill Rd.</u>
	<u>Crossville Tenn</u>
	<u>38555</u>



Janet, Jenner & Suggs, LLC

ATTORNEYS AT LAW

Howard A. Janet, P.C.* | Kenneth M. Suggs* | Robert K. Jenner, P.C.* ±
Dov Apfel* ± | Stephen C. Offutt* ± ± | Giles H. Manley, M.D., J.D.* | Gerald D. Jowers, Jr.* | Brian D. Ketterer Δ

Sharon R. Guzejko* | Kimberly A. Dougherty Δ | Francis M. Hinson, IV* | Hal J. Kleinman Δ ± | Tara J. Posner* ± † | Elisha N. Hawk* ± ±
Justin A. Browne* | Joyce E. Jones* | Jessica H. Meeder* ± | Leah K. Barron* | Lindsey M. Craig* | Jason B. Penn* ±
Seth L. Cardeli \$* | Samuel M. Collings* ± | William F. Burnham*

OF COUNSEL

John C. Hensley, Jr. Δ | Steven J. German \$* ± | Joel M. Rubenstein \$* ± | Thomas G. Wilson μ † ±

BAR MEMBERSHIPS

* Maryland | * South Carolina | Δ Massachusetts | ± District of Columbia | ± Minnesota | Δ Pennsylvania
‡ Illinois | † Florida | Δ North Carolina | \$ New York | ± New Jersey | μ West Virginia | ± California

September 3, 2013

CERTIFIED MAIL, RETURN RECEIPT REQUESTED

Specialty Surgery Center, PLLC
Donathan M. Ivey Registered Agent for Service of Process:
116 Brown Avenue
Crossville, TN 38555-7703

Re: Wilma S. Carter and Lawrence Carter
Notice of health care liability claim required by
Tennessee Code Annotated § 29-26-121

To Specialty Surgery Center, PLLC:

We are the attorneys representing Wilma S. Carter and Lawrence Carter.

Through their attorneys, Wilma S. Carter and Lawrence Carter are asserting a claim for health care liability against Specialty Surgery Center, PLLC, Crossville, Tennessee, and Kenneth R. Lister, M.D., including their agents, employees, physicians, nurses and pharmacists. This potential claim arises out of care, medicines and services provided by employees and/or agents of Specialty Surgery Center, PLLC to Wilma S. Carter from January 2012 through September 2012.

The full name and date of birth of the patient whose treatment is at issue:

Wilma S. Carter
Date of Birth: August 23, 1952

MASSACHUSETTS OFFICE

Kimberly A. Dougherty, Managing Attorney

31 St. James Avenue, Suite 365 | Boston, Massachusetts 02116

617-933-4265 | Fax 410-653-6903 | 1-877-692-3862 | 1-877-MY-ADVOCATES

info@MyAdvocates.com | MyAdvocates.com

Maryland | South Carolina | Massachusetts | New York | North Carolina | Washington, D.C. | West Virginia

Janet, Jenner & Suggs, LLC

ATTORNEYS AT LAW

The name and address of the claimant authorizing this notice:

Wilma S. Carter and Lawrence Carter
1591 Sawmill Road
Crossville, TN 38555

The name and address of the attorney sending this notice:

Kimberly A. Dougherty
Janet, Jenner & Suggs, LLC
31 St. James Avenue, Suite 365
Boston, Massachusetts 02116

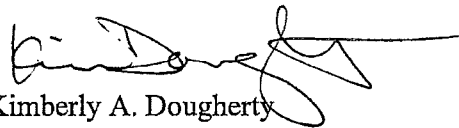
Attached hereto is a list of all healthcare providers to whom notice is being given pursuant to Tennessee Code Annotated § 29-26-121(a)(2)(D).

Pursuant to Tennessee Code Annotated § 29-26-121 (a)(2)(E), I also enclose a HIPPA compliant medical authorization permitting you to obtain complete medical records on Wilma S. Carter from each provider being sent a notice. If any of those providers do not accept this authorization for any reason, please contact us and we will arrange to execute an authorization acceptable to them that will permit you to obtain complete medical records on Wilma S. Carter.

Neither this notice nor the medical authorization waives the common law physician patient privilege concerning that care and treatment of Wilma S. Carter by any doctor who provided medical services for Wilma S. Carter. We expect that you will not communicate with any person other than your attorney about any doctor's care and treatment of Wilma S. Carter.

We believe this letter complies with the letter and spirit of Tennessee Code Annotated § 29-26-121. If you believe it is deficient in any way, please let us know and any defect will be promptly cured. If we do not hear from you we will assume that you agree the letter complies with the law.

Very truly yours,



Kimberly A. Dougherty

Enclosures

cc: Wilma S. Carter and Lawrence Carter (*via first-class mail*)
CJ Gideon (*via electronic mail*)

MASSACHUSETTS OFFICE:

Kimberly A. Dougherty, Managing Attorney

31 St. James Avenue, Suite 365 | Boston, Massachusetts 02116

617-933-4265 | Fax 410-653-6903 | 1-877-692-3862 | 1-877-MY-ADVOCATES

info@MyAdvocates.com | MyAdvocates.com

Maryland | South Carolina | Massachusetts | New York | North Carolina | Washington, D.C. | West Virginia

The following is a list of all providers to whom notice is being given pursuant to Tennessee Code Annotated § 29-26-121 (a)(2)(D):

Specialty Surgery Center, PLLC
Donathan M. Ivey Registered Agent for Service of Process:
116 Brown Avenue
Crossville, TN 38555-7703

Kenneth R. Lister, M.D.
116 Brown Avenue
Crossville, TN 38555

Kenneth R. Lister, M.D.
2761 Sullins Street
Knoxville, TN 37919

HIPAA RELEASE GENERAL AUTHORIZATIONREQUEST TO: _____

_____I HEREBY AUTHORIZE _____ to release the
information specified below for the date(s): _____ through _____.THE INFORMATION REQUESTED IS FOR **LITIGATION PURPOSES** AND IS TO
BE RELEASED TO:**Robert K. Jenner
Janet, Jenner & Suggs, LLC
Commerce Center
1777 Reisterstown Rd, Suite 165
Baltimore, MD 21208****Rosie Oldham, RN, BS, LNCC
R&G Medical Legal Solutions, LLC
PO Box 5339
Peoria, AZ 85385-5339****INFORMATION TO BE RELEASED**

<input type="checkbox"/> Municipal, Governmental, Fire or Police Records	<input type="checkbox"/> Inpatient Date _____	<input checked="" type="checkbox"/> X-rays (digital)
	<input type="checkbox"/> Outpatient Date _____	<input checked="" type="checkbox"/> X-ray reports
<input type="checkbox"/> Federal or State Tax information or records	<input checked="" type="checkbox"/> X Emergency Room records	<input checked="" type="checkbox"/> ENTIRE RECORD
	<input type="checkbox"/> Face Sheet	<input checked="" type="checkbox"/> Billing Records
		Steroid Injection
<input type="checkbox"/> Wage, income or earning records or reports	<input checked="" type="checkbox"/> X History & Physical	<input checked="" type="checkbox"/> Information [e.g., manufacturer, Lot #]
	<input checked="" type="checkbox"/> X Discharge summary	<input checked="" type="checkbox"/> Color copies of any photographs
<input checked="" type="checkbox"/> X Laboratory reports	<input checked="" type="checkbox"/> X Consultation reports	Test Results [e.g., Spinal
		Tap]
<input checked="" type="checkbox"/> X Report and/or records from physician, therapist	<input checked="" type="checkbox"/> X Surgery & Pathology reports	<input checked="" type="checkbox"/> X
	<input type="checkbox"/> MRIs (digital)	

I understand the requested medical records may include information relating to: **alcohol and/or drug abuse, psychiatric treatment, HIV/Aids testing or treatment, sexually transmitted disease, and/or communicable or noncommunicable disease information.** Such information is covered by Federal Confidentiality Regulation [42CFR, Part 2] and can't be

disclosed without my written consent. I also expressly acknowledge note of this under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Regulation [45 CFR, § 164.512(e)(1)(ii)]. I understand that the information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by Federal Law. My signature on this form authorizes the release of this information as well as all other requested information in the records.

I understand that I may refuse to sign this authorization and refusal to sign will not affect my ability to obtain treatment, enroll in any health plan or payment/benefit eligibility.

I understand that I may revoke this authorization in writing at any time except for information which may have been disclosed by the above named provider prior to the receipt of such revocation. This authorization is valid for three (3) years. The above named provider should respond to this request, or subsequent requests for information from JANET, JENNER & SUGGS, LLC, R&G Medical Legal Solutions, LLC, or their representatives, at any time unless the above named health care provider receives a written revocation from me.

THIS AUTHORIZATION does allow the named healthcare provider to discuss my health information, history of care or condition with, or be interviewed by, members of the law firm of JANET, JENNER & SUGGS, LLC, and/or R&G Medical Legal Solutions, LLC.

A photocopy of this authorization is to be considered as valid as the original.

Dated: _____	Signature: _____
SSN: _____	Printed Name: _____
DOB: _____	Address: _____



Janet, Jenner & Suggs, LLC

ATTORNEYS AT LAW

Howard A. Janet, P.C.* | Kenneth M. Suggs* | Robert K. Jenner, P.C.*±
Dov Apfel*± | Stephen C. Offutt*± | Giles H. Manley, M.D., J.D.* | Gerald D. Jowers, Jr.* | Brian D. KettererΔ

Sharon R. Guzejko* | Kimberly A. DoughertyΔ | Francis M. Hinson, IV* | Hal J. KleinmanΔ± | Tara J. Posner*±† | Elisha N. Hawk*± =
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Seth L. Cardeli \$± | Samuel M. Collings*± | William F. Burnham*

OF COUNSEL

John C. Hensley, Jr.* | Steven J. German\$± | Joel M. Rubenstein\$± | Thomas G. Wilson†±

BAR MEMBERSHIPS:

*Maryland | *South Carolina | ΔMassachusetts | ±District of Columbia | =Minnesota | ΔPennsylvania
±Illinois | †Florida | °North Carolina | \$New York | *New Jersey | ■West Virginia | •California

December 5, 2013

CERTIFIED MAIL, RETURN RECEIPT REQUESTED
CERTIFICATE OF MAILING

Specialty Surgery Center, PLLC
Donathan M. Ivey Registered Agent for Service of Process:
116 Brown Avenue
Crossville, TN 38555-7703

Re: Wilma S. Carter and Lawrence Carter
HIPAA Compliant Authorization

To Specialty Surgery Center, PLLC:

Enclosed please find an amended HIPAA compliant authorization and Notice of Claim.

Very truly yours,

Kimberly A. Dougherty

Enclosure

MASSACHUSETTS OFFICE:

Kimberly A. Dougherty, Managing Attorney

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Sharon R. Guzejko* | Kimberly A. Dougherty ◇ | Francis M. Hinson, IV* | Hal J. Kleinman Δ ‡ | Tara J. Posner* ± † | Elisha N. Hawk* ± ±
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OF COUNSEL

John C. Hensley, Jr.* | Steven J. German § ± ± | Joel M. Rubenstein § ± | Thomas G. Wilson ¶ † ±

BAR MEMBERSHIPS

*Maryland | *South Carolina | ◇Massachusetts | ± District of Columbia | ± Minnesota | Δ Pennsylvania
‡ Illinois | † Florida | ° North Carolina | § New York | ± New Jersey | ¶ West Virginia | ± California

December 5, 2013

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CERTIFICATE OF MAILING

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Re: Wilma S. Carter and Lawrence Carter
Notice of health care liability claim required by
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To Specialty Surgery Center, PLLC:

We are the attorneys representing Wilma S. Carter and Lawrence Carter.

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Maryland | South Carolina | Massachusetts | New York | North Carolina | Washington, D.C. | West Virginia

Janet, Jenner & Suggs, LLC

ATTORNEYS AT LAW

The name and address of the claimant authorizing this notice:

Wilma S. Carter and Lawrence Carter
1591 Sawmill Road
Crossville, TN 38555

The name and address of the attorney sending this notice:

Kimberly A. Dougherty
Janet, Jenner & Suggs, LLC
31 St. James Avenue, Suite 365
Boston, Massachusetts 02116

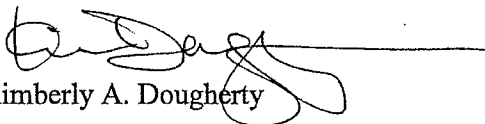
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Very truly yours,



Kimberly A. Dougherty

Enclosures

cc: Wilma S. Carter and Lawrence Carter (*via first-class mail*)
David Randolph Smith & Assoc. (*via electronic mail*)

MASSACHUSETTS OFFICE

Kimberly A. Dougherty, Managing Attorney

31 St. James Avenue, Suite 365 | Boston, Massachusetts 02116

617-938-1265 | Fax 410-653-6903 | 1-877-692-3862 | 1-877-MY-ADVOCATES

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Janet, Jenner & Suggs, LLC

ATTORNEYS AT LAW

C.J. Gideon (*via electronic mail*)

MASSACHUSETTS OFFICE

Kimberly A. Dougherty, Managing Attorney

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HIPAA RELEASE GENERAL AUTHORIZATIONREQUEST TO: _____

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BE RELEASED TO:**INFORMATION TO BE RELEASED**

_____ Municipal, Governmental, Fire or Police Records	_____ Inpatient Date _____	<u>X</u> X-rays (digital)
_____ Federal or State Tax information or records	_____ Outpatient Date _____	<u>X</u> X-ray reports
	<u>X</u> Emergency Room records	<u>X</u> ENTIRE RECORD
	_____ Face Sheet	<u>X</u> Billing Records
_____ Wage, income or earning records or reports		Steroid Injection Information [e.g., manufacturer, Lot #]
	<u>X</u> History & Physical	<u>X</u> Color copies of any photographs
<u>X</u> Laboratory reports	<u>X</u> Discharge summary	Test Results [e.g., Spinal Tap]
	<u>X</u> Consultation reports	
<u>X</u> Report and/or records from physician, therapist	<u>X</u> Surgery & Pathology reports	
	_____ MRIs (digital)	

I understand the requested medical records may include information relating to: alcohol and/or drug abuse, psychiatric treatment, HIV/Aids testing or treatment, sexually transmitted disease, and/or communicable or noncommunicable disease information. Such information is covered by Federal Confidentiality Regulation [42CFR, Part 2] and can't be

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I understand that I may revoke this authorization in writing at any time except for information which may have been disclosed by the above named provider prior to the receipt of such revocation. This authorization is valid for three (3) years. The above named provider should respond to this request, or subsequent requests for information from _____ or their representatives, at any time unless the above named health care provider receives a written revocation from me.

THIS AUTHORIZATION does allow the named healthcare provider to discuss my health information, history of care or condition with, or be interviewed by, members of _____

A photocopy of this authorization is to be considered as valid as the original.

Dated: <u>1-27-13</u>	Signature: <u>Wilma Carter</u>
SSN: <u>408-94-9986</u>	Printed Name: <u>Wilma Carter</u>
DOB: <u>8-23-1952</u>	Address: <u>1591 Sawmill Rd.</u>
	<u>Crossville Tenn</u>
	<u>38555</u>

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Kenneth Lister, M.D.
116 Brown Avenue
Crossville, TN 38555-7703

2. Article Number

(Transfer from service label)

7012 3460 0001 4331 6917

PS Form 3811, February 2004

Domestic Return Receipt

2595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
- B. Received by (Printed Name) ☒ Date of Delivery

- D. Is delivery address different from item 1? ☐ Yes ☐ No
- If YES, enter delivery address below:

3. Service Type
- ☒ Certified Mail ☐ Express Mail
- ☐ Registered ☒ Return Receipt for Merchandise
- ☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Specialty Surgery Center, PLLC
ATTN: Donathan M. New, Registered Agent
for Service of Process
116 Brown Ave.
Crossville, TN 38555-7703

2. Article Number

(Transfer from service label)

7012 3460 0001 4331 6900

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)For delivery information visit our website at www.usps.com

CROSSVILLE TN 38555

Postage	\$ 1.12	0115
Certified Fee	3.10	08
Return Receipt Fee (Endorsement Required)	2.55	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.77	09/03/2013

Postmark Here

Sent To Specialty Surgery Center, PLLC ATTN: Donathan M. New
or PO Box No. 116 Brown Ave.
City, State, ZIP+4 Crossville TN 38555

PS Form 3800, August 2006

See Reverse for Instructions

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
- B. Received by (Printed Name) ☒ Date of Delivery
- C. Is delivery address different from item 1? ☐ Yes ☐ No
- D. If YES, enter delivery address below:

3. Service Type
- ☒ Certified Mail ☐ Express Mail
- ☐ Registered ☒ Return Receipt for Merchandise
- ☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)For delivery information visit our website at www.usps.com

CROSSVILLE TN 38555

Postage	\$ 1.12	0115
Certified Fee	\$3.10	08
Return Receipt Fee (Endorsement Required)	\$2.55	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.77	09/03/2013

Postmark Here

Sent To Kenneth Lister, M.D.
Street, Apt. No., or PO Box No. 116 Brown Ave.
City, State, ZIP+4 Crossville TN 38555

PS Form 3800, August 2006

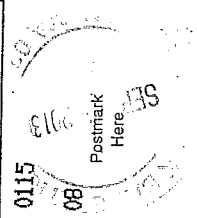
See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

KNOWVILLE IN 37919

Postage	\$	\$1.12
Certified Fee		\$3.10
Return Receipt Fee (Endorsement Required)		\$2.55
Restricted Delivery Fee (Endorsement Required)		\$0.00
Total Postage & Fees	\$	\$6.77



Sent To Kenneth Lister, M.D.
 Street, Apt. No.,
 or PO Box No. 2761 Sullins St.
 City, State, ZIP+4 Knowville, TN 37919

PS Form 3800, August 2006 See Reverse for Instructions

7012 4460 0000 094E 2702

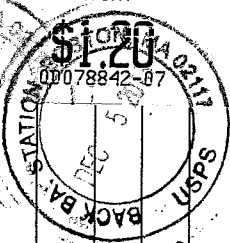


Certificate Of Mail

This Certificate of Mailing provides evidence that mail has been presented to USPS®. This form may be used for domestic and international mail.

From: Janet Jenner ~ Suggs LLC
31 St. James Ave, Ste 365
Boston, MA 02116

U.S. POSTAGE
PAID
BOSTON, MA
02116
DEC 05, 13
AMOUNT



To: Kenneth R. Lister, M.D.
116 Brown Ave
Crossville, TN 38555-7703

PS Form 3817, April 2007 PSN 7530-02-000-9065



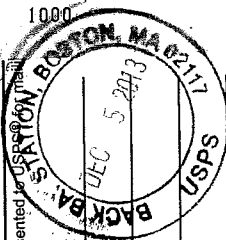
Certificate Of Mail

This Certificate of Mailing provides evidence that mail has been presented to USPS®. This form may be used for domestic and international mail.

From: Janet Jenner ~ Suggs LLC
31 St. James Ave, Ste 365
Boston, MA 02116

U.S. POSTAGE
PAID
BOSTON, MA
02116
DEC 05, 13
AMOUNT

\$1.20
00078842-07



To: Specialty Surgery Center, PLLC
Donation - M. Hwy, Registered Agent for Service
of Process
116 Brown Ave
Crossville, TN 38555-7703

PS Form 3817, April 2007 PSN 7530-02-000-9065



Certificate Of Mail

This Certificate of Mailing provides evidence that mail has been presented to USPS® for r. This form may be used for domestic and international mail.

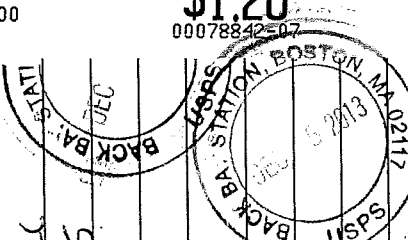
From: Janet Jenner ~ Suggs LLC
31 St. James Ave, Ste 365
Boston, MA 02116



1000

U.S. POSTAGE
PAID
BOSTON, MA
02116
DEC 05, 13
AMOUNT

\$1.20
00078842-07



To: Kenneth Lister, M.D.
2761 Sullins St.
Knoxville, TN 37919

PS Form 3817, April 2007 PSN 7530-02-000-9065

IN THE UNITED STATES DISTRICT COURT
MIDDLE DISTRICT OF TENNESSEE

WILMA S. CARTER and
LAWRENCE CARTER,

Plaintiffs,

v.

AMERIDOSE, LLC, MEDICAL SALES
MANAGEMENT, INC., MEDICAL SALES
MANAGEMENT SW, INC., GDC
PROPERTIES MANAGEMENT, LLC, ARL
BIO PHARMA, INC. D/B/A ANALYTICAL
RESEARCH LABORATORIES, BARRY J.
CADDEN, GREGORY CONIGLIARO, LISA
CONIGLIARO CADDEN, DOUGLAS
CONIGLIARO, CARLA CONIGLIARO,
GLENN A. CHIN, SPECIALTY SURGERY
CENTER, PLLC, and KENNETH R. LISTER,
M.D.

Defendants.

Case No.
JURY DEMAND

CERTIFICATE OF GOOD FAITH

Medical Malpractice Case

PLAINTIFF'S FORM

A. In accordance with T.C.A. § 29-26-122, I hereby state the following: (Check item 1 or 2 below and sign your name beneath the item you have checked, verifying the information you have checked. Failure to check item 1 or 2 and/or not signing item 1 or 2 will make this case subject to dismissal with prejudice.)

☐

1. The Plaintiff or Plaintiff's counsel has consulted with one (1) or more experts who have provided a signed written statement confirming that upon information and belief they:

(A) Are competent under § 29-26-115 to express an opinion or opinions in the case; and

(B) Believe, based on the information available from the medical records concerning the care and treatment of the Plaintiff for the incident or incidents at

issue, that there is a good faith basis to maintain the action consistent with the requirements of § 29-26-115.

Signature of Plaintiff if not represented, or
Signature of Plaintiff's Counsel

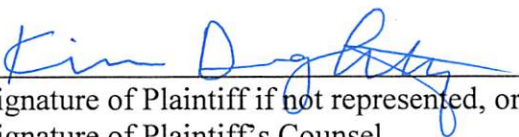
Or



2. The Plaintiff or Plaintiff's counsel has consulted with one (1) or more experts who have provided a signed written statement confirming that upon information and belief they:

(A) Are competent under § 29-26-115 to express an opinion or opinions in the case; and

(B) Believe, based on the information available from the medical records reviewed concerning the care and treatment of the Plaintiff for the incident or incidents at issue and, as appropriate, information from the Plaintiff or others with knowledge of the incident or incidents at issue, that they are facts material to the resolution of the case that cannot be reasonably ascertained from the medical records or information reasonably available to the Plaintiff or Plaintiff's counsel; and that, despite the absence of this information, there is a good faith basis for maintaining the action as to each Defendant consistent with the requirements of § 29-26-115. Refusal of the defendant to release the medical records in a timely fashion or where it is impossible for the Plaintiff to obtain the medical records shall waive the requirement that the expert review the medical records prior to expert certification.



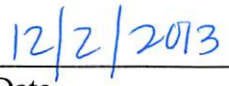
Signature of Plaintiff if not represented, or
Signature of Plaintiff's Counsel

B. You MUST complete the information below and sign:

I have been found in violation of T.C.A. § 29-26-122 0 prior times. (Insert number of prior violations by you.)



Signature of Person Executing This Document



Date